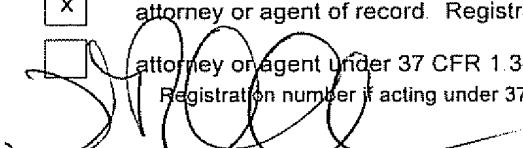


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|   |                                  |  |                         |
|---|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | Docket Number (Optional)<br>2091-0286P |                         |
| Application Number<br>10/602,671-Conf. #001973  |                                  | Filed<br>June 25, 2003                 |                         |
| For <b>IMAGE DATA MANAGEMENT APPARATUS</b>  |                                  |  |                         |
| Art Unit<br>2136  |                                  | Examiner<br>R. Baum                    |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |  |                         |
|   |                                  | <u>Fee</u>                             | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | \$120                                  | \$60                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450                                  | \$225                   |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$1020                                 | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590                                 | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160                                 | \$1080                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,439</u>  |                                  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |  |                         |
|    |                                  | March 30, 2007                         |                         |
| Signature   |                                  | Date                                   |                         |
| D. Richard Anderson   |                                  | (703) 205-8035                         |                         |
| Typed or printed name   |                                  | Telephone Number                       |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.   |                                  |  |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |  |                         |